

PATENT MEDICINE

O.I.P.E.	PATENT DATE
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<input type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS			CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> a) The term of this patent subsequent to _____ (date) has been disclaimed. <input type="checkbox"/> b) The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____	_____ (Assistant Examiner) (Date) _____ (Primary Examiner) (Date) _____ (Legal Instruments Examiner) (Date)			NOTICE OF ALLOWANCE MAILED	
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